COMMERCIAL

8/3 O.K.

RECEIVED JUL 7 1988

MIDLANTIC BANK

CONSTRUCTION PERMIT APPLICATION

OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: Rt 70 & Chambers bridge RD
2. Owner Name: Midlantic merchants Tel. (201) 775-3434
   Address 60 Neptune Blvd, Neptune, NJ.
3. Principal Contractor: Ed. Leske Co. Tel. (201) 686-7272
   Address 960 Monroe St Union
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 221506426
4. Architect or Engineer: Thomas & Corrasco Tel. (201) 627-6250
   Address 125 E main st Roseville, NJ
5. Responsible Person in Charge of Work Vincent Delbuccio Tel. (201) 686-7272

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 25000.
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 25000.

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10207044

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☑ **Check if contractor.**

AGENT NAME Ed. Loske Co. TEL.(201) 686-7272

ADDRESS 960 Monroe St

Union, NJ

SIGNATURE Vincent DelGiudice

BLOCK NO. 671 LOT NO. 8 SUBDIVISION _____ PERMIT NO. 2150

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	7/7/88	JB	7/8/88	VM	
	Footings/Foundations					
	Framing			31		
	Architectural					
	Other 3 <			7/6/88	JC	
☐	PLUMBING					
☐	ELECTRICAL			7/8/88	JC	
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION					
V	BUILDING				9-27-89 WS	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
	PLUMBING					
	ELECTRICAL					
V	FIRE PROTECTION				5-2-89 JC	
	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 187.50
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION	30.00
OTHER _____	•
SUBTOTAL	$ 217.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	= •
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 242.50

DATE 8/5/88 Collected By Paula

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2450
DATE ISSUED 2-5-88
REVISION DATE

Block 67 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Midlantic Merchants
Address 60 Neptune Blvd. Neptune, NJ
Tel. (201) 775-3434
Work Site Address Rt 70 & Chambers bridge Rd

Contractor Ed. Leske Co.
Address 960 Monroe St Union, NJ. 07083
Tel. (201) 686-7272
Lic. No.
Federal Emp. No. 221506426

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Vincent DelGuercio
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Drive thru Alterations

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
SUBTOTAL		
Minimum Building Fee (if applicable)		
Total Building Fee *(Greater of Minimum or Subtotal)*		

C. BUILDING CHARACTERISTICS

USE GROUP: Exist Present _____ Proposed

No. of Stories Exist
Total Building Area–All Floors Exist Sq. Ft.
Height of Structure 11 Ft.
Volume of Structure 11 Cu. Ft.
Area–Largest Floor 11 Sq. Ft.
Total Land Area Disturbed 11 Sq. Ft.

Estimated Cost of Building Work: $ 25000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	2-6-89	VM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 2-27-89

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2150
DATE ISSUED 8-5-88
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner MIDLANTIC / MERCHANTS
Address 60 Neptune Blvd. Neptune NJ.
Tel. (201) 775-3434
Work Site Address Rt 70 & Chambers Bridge Rd. Brick

Contractor E.J. Leslie Co.
Address 960 Monroe St Union, NJ.
Tel. (201) 686-7272
Lic. No.
Federal Emp. No. 221506426

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Vincent A. [illegible]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ 30

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 30

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

Plan in

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
5/2/89	Complies with Code (Drain in kitchen)

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 7/8/88
Approved By: JE

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 5/2/89
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other Final				5/2/89
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

929-4730

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #. SEP 12 95 0 0 8 2 5 1
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 691 Lot 8
Work Site Location 60 CHAMBERS BRIDGE ROAD BRICK NJ
BRICK PLAZA
Owner in Fee APPLIED FOOD SERVICE OF BRICK / GORDON GROSS
Address 7 ITALL CT ALLENDALE NJ 07401

Tele. (201) 818 1707
Contractor ~~APPLIED FOOD SERVICE OF BRICK~~ TO BE DETERMINED
Address CCI ELECTRIC 70 CHESTNUT RIDGE ROAD
MONTVALE NJ 07645
Tele. (201) 391 2202
Lic. No. 4969
Federal Emp. No. 22-292 3296 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved NOT IN
Date: 9/20/95
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
160		Fixtures (1)	
75		Receptacles (2)	
34		Switches (3)	
273		Total 1 + 2 + 3	80
	0.6 Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	15 hp	Dishwasher + 15KW BOOSTER	66
1	1.5 hp	Garbage Disposal	7
D	G Kw	Dryer	
3	19 Kw	A/C Unit	99
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat:	
		oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s) 4-200A; 1-100; 1-40A	
6	Amp	~~Motor Control Center~~/Sub Panels	198
	4.6KW	Signs	
		Light Standards	
6	hp	Motors—Fractional H.P.	
	12.5 hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	800 Amp	Service Entrance	75
	123 KW	Other FOOD SERVICE EQUIP.	166

Paid [ ] Check # 0013
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 69
DCA Training Fee	$ 24
TOTAL FEE	$ 715

U.C.C. Form F-120B RPF
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

HIGH LIGHTING POWER BOOST FIGURES

brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 1 95 0 0 0 0 21

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 671 Lot 8
Work Site Location BRICK PLAZA
CHAMBERS BRIDGE Rd
Owner in Fee FEDERAL REALTY / JAFFEE CONST
Address THE "W12"

Tele. ( )
Contractor E.J.M. ELECTRIC, INC.
Address 224 SECOND ST. P.O. Box 1606
PERTH AMBOY, N.J. 08862
Tele. (908) 442-7755 (FAX) 908-442-2245
Lic. No. 6828
Federal Emp. No. 22-3288994 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ✓
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 250,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9504 30
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM		FEE (Office Use Only)
350	2×4	Fixtures (1)		
64		Receptacles (2)		
7		Switches (3)		
421		Total 1 + 2 + 3	421	100
	Kw	Range		
	Kw	Oven(s)		
	Kw	Surface Unit		
	hp	Dishwasher		
	hp	Garbage Disposal		
	Kw	Dryer 2. 2kw 2-125 A.		
4	Kw	A/C Unit		132
		Burglar Alarms		
		Intercoms Panels		
		Smoke Detectors		
	hp	Whirlpool/spa		
		Pool Bonding		
	hp	Pool Filter Motor		
		Pool Lights		
	Kw	Water Heater(s)		
	Kw	Central heat:		
		oil, gas or elec.		
	Kw	Baseboard Heat Units		
		Thermostats		
	hp	Heat Pump		
	hp	Pump(s)		
2	225	Amp ~~Motor Control Center~~/Sub Panels		150
		Signs		
		Light Standards		
	hp	Motors—Fractional H.P.		
	hp	Motors—All Others		
	Kw	Transformers		
	Kw	Generators		
5	225	Amp ~~Service Entrance~~ SUB PANELS		325
1	4	Other		

Paid [✓] Check # 2114
Collected by: RPF

Administrative Surcharge	$	
Minimum Fee	$	75
DCA Training Fee	$	200
TOTAL FEE	$	957

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy